

05-04-01

A

Customer No. 000959

Case Docket No. PPI-119

Box Patent Application
 Commissioner for Patents
 Washington, D.C. 20231

"Express Mail" Mailing Label Number EL 746 158 450 USDate of Deposit May 2, 2001

I hereby certify that this transmittal letter and the papers referred to as being enclosed therein are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Signature

Please Print Name of Person Signing

Deise K. Thomas
Deise K. Thomas

J1033 U.S. PTO
 09/867946
 05/02/01

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Michael J. May, Sankar Ghosh, Mark A. Findeis and Kathryn Phillips

For: **ANTI-INFLAMMATORY COMPOUNDS AND USES THEREOF**

Enclosed are:

- ☒ 60 pages of specification, 3 pages of claims, 1 pages of abstract.
☒ 12 sheets of drawings (Figures 1-12).
☒ A Declaration, Petition and Power of Attorney (*unexecuted*).
☐ **A Request for Non-Publication**
☒ A Postcard Receipt
☒ A small entity status under 37 CFR 1.9 and 1.27 is requested

The filing fee has been calculated as shown below:

(Col. 1)			(Col. 2)		OTHER THAN			
			SMALL ENTITY		SMALL ENTITY			
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	OR	RATE	FEE	
BASIC FEE	//////////		////////	\$355.00	OR	////////	\$	
TOTAL CLAIMS	13 - 20	= 0	x 9=	\$	OR	x 18=	\$	
INDEP. CLAIMS	3 - 3	= 2	x 40	\$	OR	x 80	\$	
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED			+135	\$	OR	+270	\$	
			TOTAL	\$355.00	OR	TOTAL	\$	

* If the difference in Col. 2 is less than zero, enter "0" in Col. 2.

* If the difference in Col. 2 is less than zero,
 enter "0" in Col. 2.

- ☐ Please charge my Deposit Account No. 12-0080 in the amount of \$.
 A duplicate copy of this sheet is enclosed.
- ☒ **THE FILING FEE IS NOT BEING PAID AT THIS TIME.**
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-0080.
 A duplicate copy of this sheet is enclosed.
- ☐ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 C.F.R. 1.17.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 12-0080.
 A duplicate copy of this sheet is enclosed.

- ☐ Any patent application processing fees under 37 C.F.R. 1.17.
- ☐ The issue fee set in 37 C.F.R. 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).
- ☐ Any filing fees under 37 C.F.R. 1.16 for presentation of extra claims.
- ☐ A check in the amount of \$ _____ to cover the recording of assignment documents is also enclosed.
- ☒ Address all future communications (May only be completed by applicant, or attorney or agent of record) to Giulio A. DeConti, Jr. at **Customer Number: 000959** whose address is:

Lahive & Cockfield, LLP
28 State Street
Boston, Massachusetts 02109

Date: May 2, 2001

LAHIVE & COCKFIELD, LLP
Attorneys at Law

By 
Giulio A. DeConti, Jr.
Attorney for Applicants
Reg. No. 31,503
28 State Street
Boston, MA 02109
(617) 227-7400
Telecopier (617) 742-4214